

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

097936758

FILING DATE

APPLICANT(S)

BEST AVAILABLE CO.

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1		1	
2	1	1		1	
3		1	1		1
4	1				
5	1		1		1
6	1		1		1
7	1		1		1
8	1		1		1
9	1		2		2
10	2		2		2
11	2		2		2
12	2		2		2
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TOTAL IND.	2	2	2	2	
TOTAL DEP.	13	9	12		
TOTAL CLAIMS	15	11	14		

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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS